

DEPARTMENT OF TRANSPORTATION
DIVISION OF ENGINEERING SERVICES
1801 30TH Street
P. O. BOX 168041
SACRAMENTO, CA 95816-8041
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*Flex your power!
Be energy efficient!*

SAMPLE

Date

Address

Subject: Rejection of Request for Confidential Records or Other Information

Dear:

The California Department of Transportation (Department) has received your request for copies of _____.

The Department is unable to comply with your request. The document(s) you have requested are confidential and their distribution is restricted because the Department is compelled to safeguard the physical security of the State's bridges, overcrossings, undercrossings, overheads, underpasses, separations, tunnels, tubes, viaducts, and other public structures. Access to these documents is granted only upon execution of a Confidentiality Agreement and is limited to:

- 1) Employees of a government agency acting within the scope of such employment, or**
- 2) A consultant, contractor or contract bidder doing business with or on behalf of the Department, or**
- 3) An encroachment permit applicant or holder whose request has been approved by the Department upon an appropriate showing of need as set forth in the Confidentiality Agreement, or**
- 4) Other person whose request has been approved by the Department upon an appropriate showing of need as set forth in the Confidentiality Agreement.**

If you believe that you qualify for access to these documents under categories (1) or (2) above, please submit an executed Confidentiality Agreement and provide a valid California Drivers License and business identification.

(Letter to)
(Date)
(Regarding)

If you believe that you qualify for access to these documents under categories (3) or (4) above, please submit an executed Confidentiality Agreement to _____ (Department designated representative) for review and approval and provide a valid California drivers license and business identification.

If, after having completed the steps set forth above, you disagree with the decision of the Department, you may appeal this decision to _____ (Department designated appeals representative) at _____ (Phone number.)

Sincerely,

(Name)
(Title)

c: These copy names appear on the original letter and all copies of the original letter.)

bc: (These names do not appear on the original but only on copies of the original.)